

Acceptable POC

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03/22/2016 TUE 9:52 FAX 8655942168 Dept of Health

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 03/22/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/09/2016
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, COOKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 815 SOUTH WALNUT AVENUE COOKEVILLE, TN 38501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS During the annual recertification survey and complaint investigations #37243, #37698, and #38164, conducted on March 7-9, 2016 at NHC Healthcare Cookeville, no deficiencies were cited in relation to the complaints under 42 CFR PART 483, Requirements for Long Term Care.	F 000	(No deficiencies were cited therefore no provider plan of correction has been submitted for F 000) (Begin Tag F371)	3/23/16	
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on facility policy review, observation, and interview, the facility failed to ensure pans used to serve food for the residents were dry when stored, ensure the mixer and food preparation areas used to prepare food for the residents were clean, ensure scoops in food bins were not stored in the food, and failed to ensure 1 of 3 ice machines in use for the residents was clean and sanitary. The findings included:	F 371	It is the policy of this facility to 1. Procure food from sources approved or considered satisfactory by Federal, State, or local authorities; and 2. Store, prepare, distribute and serve food under sanitary conditions. Some of the many ways that this has been achieved for our residents is by ordering food from vendors who adhere to dietary guidelines outlined by the FDA. All food is stored in sanitary conditions, and is neatly organized. Food stored in our freezers is frozen solid and food stored in refrigerators is kept at temperatures at or below 41 degrees Fahrenheit. Dry storage food is left in original containers until needed and our stock is regularly rotated. We enforce proper procedures when washing dishes in our dish machine, paying careful attention that clean dishware does not contact unclean dishware. Under the supervision of the Director of Dietary, it was determined that all residents could have been affected by the same deficient practice, because the kitchen prepares food for all residents.		

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, COOKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 816 SOUTH WALNUT AVENUE COOKEVILLE, TN 38501		
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F 371	<p>Continued From page 1</p> <p>Review of facility policy Safety & Sanitation Best Practice Guidelines revised 1/2011 revealed, "...Air-dry all items. Make sure all items are completely dry before stacking to prevent wet-nesting..."</p> <p>Observation on 3/7/16, at 8:45 AM, of the facility kitchen area with the Nutritionist revealed: 4 of 4 "6 inch" pans stored wet; 2 of 3 "1/2" pans stored wet; debris on the mixer/beater and cage; the drawer in the food preparation table had food crumbs with the spoons and ladles used to serve food for the residents; the shelf below the food preparation table was wet and had whitish debris; and the cornmeal and sugar bins had scoops lying in the food.</p> <p>Interview with the Nutritionist on 3/7/16 at 9:10 AM. In the kitchen confirmed the facility failed to ensure equipment and utensils used to prepare and serve food for the residents was sanitary.</p> <p>Observation and interview with Registered Nurse #1, of the ice machine in the 100 hallway Hydration room on 3/7/16, at 9:30 AM, confirmed the ice machine had brown/black debris on the inside right side wall.</p> <p>Observation and interview with Licensed Practical Nurse #2 of the ice machine in the 100 hallway Hydration room on 3/9/16, at 11:15 AM, confirmed the ice machine had brown/black debris on the inside right side wall.</p> <p>Interview with the Administrator on 3/8/16, at 11:25 AM, outside of the conference room, revealed the ice machines are "...cleaned semi-annually due to they grow algae maybe we need to do it more often..."</p>	F 371	<p>Affected kitchen surfaces were wiped clean. Mixer guard was cleaned. Pans were rewashed and allowed to air dry. Scoops were stored in proper container outside of food bin. Ice machine was cleaned.</p> <p>On March 10, 2016, the Director of Dietary reviewed the proper method for drying pans and other kitchen wares. She also reviewed the proper technique for storing scoops and finally the importance of wiping surfaces clean was reviewed with all Dietary Staff. All employees were shown the proper procedure and were then able to repeat the correct procedure under observation. The additional training was on-going and concluded March 23, 2016. We reviewed our new employee orientation checklist to ensure these items were present in training.</p> <p>The Director of Dietary will conduct monthly Quality Assurance (QA) studies to ensure compliance and report her findings to the center Quality Assurance Performance Improvement (QAPI) meeting that occurs monthly. Our QAPI committee will direct the Director of Dietary regarding the need for additional training and/or ongoing QA studies.</p>	3/23/16	

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			<p>Under the supervision of the Housekeeping Supervisor, it was determined that residents on 100 and 200 Halls could have been affected by the same deficient practice, because that ice machine is used for patients on 100 and 200 Halls.</p> <p>On March 10, 2016, the Housekeeping Supervisor reviewed the manufacturer's guidance regarding cleaning the ice machine. She trained all housekeepers on the need to wipe the outside and inside of the ice machine any time debris was present. The training was on-going and concluded on March 23, 2016. We reviewed our new employee orientation checklist to ensure these items were present in training.</p> <p>The Housekeeping Supervisor will conduct monthly Quality Assurance (QA) studies to ensure compliance and report her findings to the center Quality Assurance Performance Improvement (QAPI) meeting that occurs monthly. Our QAPI committee will direct the Housekeeping Supervisor regarding the need for additional training and/or ongoing QA studies.</p> <p>(End Tag F371)</p>		3/23/16